
Children's Special Health Internal Policy/Statement Esotropia/Exotropia and Amblyopia

Description

- 1. Esotropia is a convergent misalignment (eye turns inward) of the visual axes which is usually based on age of onset or underlying cause
 - a. <u>Infantile or congenital esotropia</u> is used to describe infants who have become esotropic by 6 months of age and is associated with abnormal development of binocular visions. Infants frequently have <u>intermittent</u> ocular misalignment during the first 3 months of life, which is normal.
 - b. <u>Accommodative esotropia</u> will usually have an onset between the ages of 6 months and 7 years. The onset may be associated with illness, fever, or minor trauma. Accommodative esotropia is frequently a sequel to infantile esotropia.
 - c. Other forms of esotropia can be caused by sixth nerve paresis which can be a sudden onset after birth and the esotropia is greater at distance than near. Duane syndrome is caused by the congenital absence of sixth nerve nucleus and abduction is impaired or absent. It can occur in neurological diseases including Chiari malformation, hydrocephalus, tumors, and meningitis, plus after head trauma
- 2. Exotropia is a divergent misalignment (eye turns outward) of the visual axes and is characterized by the frequency of the deviation. Onset is in early childhood (usually before the age of 3) and the condition is commonly intermittent. The deviation often becomes manifest at times of fatigue, visual inattention, or illness. Sensitivity to light with closure of the deviating eye (squinting) is frequent.
- 3. Amblyopia is a disorder of visual development that is caused by an optical, physical, or ocular alignment defect during early childhood.

Diagnostic Criteria

- Manifest angle of eye deviation
- Deficient vergence abilities, reduced ranges of fusion with poor depth perception/stereopsis
- Diplopia
- Sensory adaptations (i.e. suppression, Amblyopia, abnormal retinal correspondence)

CSH Coverage

- Only **providers** listed on the Eligibility Letter will be paid
- Labs/Tests must be performed by a Wyoming Medicaid provider
- Well Child Checks (coverage limited to Pediatrician) according to AAP Periodicity Schedule
- Medications
 - None
- Equipment/Supplies
 - Botox injection (Exotropia)
 - Eyeglasses (Not for refractive errors only)

Contact CSH for questions regarding additional medications and/or equipment/supplies

Minimum Standards of Care/Care Coordination

Refer to Care Coordination Manual, Ch. 3, Pg. 8, Child and Family Assessment

- Perform **Nursing Assessment** with detailed focus on the following:
 - Assess for visual changes (i.e. frequency of deviation, presence/absence of diplopia, ability to track/fixate on object)
 - Ensure glasses and/or patch are being tolerated by client
 - Assess family history or childhood vision problems
 - Nutrition and eating patterns
 - Exercise and physical activity

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- Current medications/any side effects or reactions
- Known food and/or drug allergies
- Height and weight, plot on growth curve
- Encourage testing as recommended by the American Academy of Pediatrics (AAP)
- School performance and behavior
- Encourage family and child to live as "normal and active" life as possible
- For development and "self-image", encourage family to consider long-term consequences pertaining to healthcare decisions

Contact CSH if family is Non-Compliant (i.e. repeated missed appointments, failure to follow healthcare plan)

Referrals that may be recommended (CSH prefers Pediatric Specialists, if possible)

Visits to Providers may be limited due to budget

- Ophthalmologist/Optometrist
- Neurologist
- Link the child and family with appropriate and needed services (i.e. Child Development Centers)

Specialists may or may not be covered by CSH Program

• Well Child Checks

- Immunizations (including vaccinations)
- Assess and follow-up any abnormal findings
- Dental
- Vision
- Hearing

• Emergency Preparedness Plan

- Medic Alert ID bracelet / necklace should be encouraged
- Medical Emergency Plan of what to do for the child's care when away from home or with a different caregiver (i.e. injury to eye)
- Discuss self-management of the disease
- Encourage the family to speak with the child's school in regards to the school's policy on Exotropia and Esotropia and emergency plan (i.e. who will administer medical attention in the event of an injury to eye)
- \bullet $\;$ Inform the family to seek immediate medical attention with any type of injury to the eye(s)

• Health Record

- Encourage family to maintain a record of the child's health information ("Packaging Wisdom" as a suggestion) that includes:
 - Create history of progression (i.e. graphs)
 - Obtain copies of all medical records
 - List of providers and contact information, if available

Transition

Refer to the Care Coordination Manual, Ch. 3, Pg. 10, Coordinating Care

• Discuss with the family if the child is eligible for an IFSP, IEP, or qualify for Section 504 according to the American Disability Act (ADA)

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